

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

165 V

Art Unit

: 1652

Customer No.: 035811

Confirmation No.: 5819

Docket No.: 1033-CIP3-CON-03

Examiner

: Richard G. Hutson

Serial No. Filed

: 08/808,031 : March 3, 1997

Inventors

: Sumiko Inouve

: Mei-Yin Hsu

: Masayori Inoue : Susan Eagle : Bert C. Lampson

: Jung Sun

: Jorge Vallejo-Ramirez

Title

: PROKARYOTIC REVERSE

: TRANSCRIPTASE

Dated: May 24, 2006

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard Amendment Transmittal Letter, in duplicate Response

SEQ ID NOs.: 53 – 54

Hard Copy of Sequence Listing with computer readable form on Diskette and Statement to Support Filing and Submission...

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

> Name of Applicant, Assignee, Applicant's Attorney or Registered Representative:

> > DLA Piper Rudnick Gray Cary US LLP

By:	Customer No. 035811/	
ву:		
Date:	May 24, 2006	



Attorney Docket No.: 1033-CIP3-CON-03

In re Application of Sumiko Inouye et al.

Serial No.: 08/808,031

Filed: March 3, 1997

For: PROKARYOTIC REVERSE TRANSCRIPTASE

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

x No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) (Col. 2) (Col. 3) HIGHEST NO. CLAIMS PRESENT **REMAINING AFTER PREVIOUSLY EXTRA** AMENDMENT PAID FOR TOTAL * 2 **20 = 0 INDEP. * 1 ** 3 = 0

Application Size Fee
First Presentation of Multiple Dependent Claim

SMALL ENTITY

- CHILLED BITTILL				
ADD'L FEE	0			
\$				
\$				
\$				
\$				
	FEE \$ \$ \$			

OTHER THAN

OR \$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

TOTAL ADDITIONAL FEE

- Please charge my Deposit Account No. 50-2719 in the amount of \$_____. A duplicate copy of this sheet is enclosed.
- Payment in the amount of \$_____ is attached.
- <u>x</u> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

- x Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- <u>x</u> Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,

T. Daniel Christenbury Reg. No. 31,750

Attorney for Applicants

TDC:lh (215)656-3381

Application of Sumiko Inouye et al.

Attorney Docket No.: 1033-CIP3-CON-03

Serial No.: 08/808,031

Filed: March 3, 1997

For: PROKARYOTIC REVERSE TRANSCRIPTASE

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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- Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.
- A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- No additional fee is required. <u>X</u>

The fee has been calculated as shown below:

(Col. 2) (Col. 1) (Col. 3) CLAIMS HIGHEST NO. PRESENT REMAINING AFTER **PREVIOUSLY EXTRA** AMENDMENT PAID FOR **20 = TOTAL * 2 0 ** 3 = INDEP. Application Size Fee First Presentation of Multiple Dependent Claim

SMALL ENTITY				
RATE	ADD'L FEE	OR		
x 25 =	\$			
x 100 =	\$			
	\$			
+ 180 =	\$			

OTHER THAN **SMALL ENTITY**

RATE	ADD'L FEE
x 50 =	\$
x 200 =	\$
x 250 =	\$
+ 360 =	S

OR

TOTAL ADDITIONAL FEE

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

 Please charge my Deposit Account No. 50-2719 in the amount of \$_	A duplicate copy of
this sheet is enclosed.	

Payment in the amount of \$____ is attached.

The Commissioner is hereby authorized to charge payment of the following fees associated with this <u>X</u> communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

- x Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
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Respectfully submitted,

T. Daniel Christenbury Reg. No. 31,750

Attorney for Applicants

TDC:lh (215)656-3381